

CFBHPP Committee

Meeting Summary Conference Room C – Henrico CSB March 8, 2007

I. Welcome and Introductions – Brian Meyer

Brian opened the meeting with welcome and introductions. Motion to approve the minutes made by Kay and Jeanette's second; the motion passed to approve the minutes

II. 2007 Legislative Session - refer to Conference report – Shirley Ricks

- Item 312 # 4 provides that children at-risk for custody relinquishment as determined by FAPT teams. This amendment adds language specifying that funding for mental health services for children and adolescents with SED and related disorders, provided through DMHMRSAS to CSBs are allocated with priority placed on serving children at-risk of custody relinquishment.
- Item 312 # 5 adds \$2.4 million to provide community services to consumers with SA disorders to avoid inappropriate treatment and avoid the use of higher cost treatment options. Services will focus on recovery models and the use of best practices.
- Item 312#6 provides \$25,000 for the development and implementation of a real-time reporting system on the availability of acute psychiatric beds for children and adolescents.
- Item 312 # 8 provides \$900,000 from the general fund for additional mental health services for the nine remaining local or regional juvenile detention centers which do not currently receive state funding for mental health services.
- 279#2 provides that the OCS report on the potential fiscal impact of Senate Bill 1332.

HJR 774 recognizes DMHMRSAS as the primary state agency responsible for the planning and delivery of mental health services. This resolution states that neither DSS nor CSA is the default system for the provision of mental health services. This resolution was drafted by local departments of social services. These services must be provided by and funded through DMHMRSAS and local CSBs. Key to this issue, are CSBs the public entity for mental health services.

Mental Health Law Reform – Shirley provided a brief update about the Commission on Mental Health Law Reform. The timeframe has been adjusted to address concerns raised by some members of the GA about the scope of the work of the Commission and the timing of the report. Final reports from each Task Force will be delivered to the Commission in November.

Recommendation: Charline suggested that the CFBHPP Committee co-chairs send a letter to the Director of DMAS acknowledging DMAS' leadership for expanding Medicaid coverage to children and adults with SA treatment services. With consensus from the committee, Charline moved and Vicki seconded a motion to send a letter to DMAS.

III. Presentation – Prevention Services- Pat Cullen

Pertinent points from the presentation:

- Discussion about risk factors using the Albee Equation that delineates risk and protective factors.
- Described the four domains of risk with examples of community, family, school and individual/peer
- Described the types of prevention and typology of prevention programming.
- Good prevention should address appropriate risk and protective factors by defining populations and assessing levels of risk, use approaches that have been shown to be effective, intervene early at important states and transitions, and appropriate settings and domains and evaluation of outcomes.

Brian asked Pat Cullen to chair a sub-committee to present recommendations for the 2007 report. Other members of the sub-committee will include Shirley, Anne Rollins, Wayne, Vicki, and Hope Merrick from the Prevention Office at DMHMRSAS.

IV. OCFS Report – Shirley Ricks

V. Committee Reports

Child and Adolescent Substance Abuse Services

Malcolm King

- Fund adolescent detoxification
- Fund outpatient services
- Fund intensive outpatient services
- Fund Residential SA services
- Fund adolescent SA Coordinator position
- Fund adolescent SA Training Coordinator
- Adolescent SA-
(Funding not regulated)
 1. Medicaid regulations cover full continuum of services
 2. Develop professional/ statutory/core competencies for adolescent – specific services

Substance Exposed Newborn Workgroup**Malcolm King**

3. \$30,000 for TA to develop strategic plan to address substance-exposed newborn needs
4. Fund 3 new Project LINK sites @ \$375,000
5. Fund Residential Treatment for substance-using pregnant women @ \$1million for first year, \$500,000 ongoing
6. Expand MCO coverage for BH screening and opiate-dependent pregnant women

Substance exposed newborn non-funding recommendations:**Goal: Universal Behavioral screenings for all children.**

1. Maintain the 330 F subcommittee – discussion occurred about whether this recommendation needs to be a part of the report. A motion was made by Malcolm to maintain the sub-committee within CFBHHPP committee to address the unique needs of SE infants. The motion was seconded by Vicki and passed by the committee.
2. Develop and implement multiple-risk screening instruments across systems for pregnant and parenting women

CSA/CSB Partnership Committee**Pam Fisher**

1. CSB or independent entity assesses for level of care – or who does it?
2. Role of CSBs in system of care as conceptualized by/in CSA
3. CSBs in a utilization management role in CSA
4. Care management/discharge planning

Juvenile Justice**Jeanette DuVal**

1. Permanent funding for the 24 detention center/mental health positions
2. New behavioral health positions for detention centers according to populations

Juvenile Justice non-funding recommendation

1. Evaluation of behavioral health detention centers and report by June 30, 2008.
2. Draft and implement programmatic standards including mental health credentials and staff: juvenile ratios by 6/30/09
3. DMHMRSAS, DJJ, and DOE and representatives of private providers workgroup to recommend how to treat JJ psychiatric population on long term basis

MR/EI Committee**Mary Cole**

1. Fund children's slots for the MR waiver
2. Family support funding- flexible for families without waiver services
3. Funding for mid-level MR services to assist in keeping kids in homes
[In larger recommendations for mid-level services] including kids involved in JJ system
4. Increase funding for EI birth – 3 [8% growth] [800] new kids

MR/EI non-funded recommendations

1. Move EI services in Medicaid from outpatient rehab to EPSDT (would involve a change in the Medicaid State Plan)

Autism**Shirley Ricks**

1. Training
2. Funding for services
3. A home-at state-combine with DD services must be a funded infrastructure
Autism/DD Coordinator & support staff and resources
TA people to train
Within OCFS
Local infrastructure

VA INFO**Vicki Hardy-Murrell**

1. 1.5 FTE positions for resource coordination, data entry, family education, and administrative assistance @\$75,000

Services

1. Funding for mid-level services available through RFP process

Public private partnerships
Private providers may apply

Services: wraparound, day treatment, after-school behavioral health program, intensive out-patient (MH, SA, and MR), crisis intervention, respite care, family support etc.

Adolescent Detoxification
ASA IOP

Include MH, MR, SA, DD/Autism and co-occurring, behavioral disorders

Prevention – place holder

Brian asked committee members to request agency support for the recommendations in the report. Brian also asked sub-committees to submit funding recommendations and non-funding recommendations. Around the mid-level services, Brian asked committee to think about funding for this recommendation and prioritize the funding recommendations. And finally, committee was asked to bring the ten-year plan for the April meeting.

VI. 2007 Committee Report

Brian Meyer

Next meeting will focus entirely on the 2007 report.

VII. Adjourn – Jeannette moved adjournment, seconded by Anne, motion passed.

**CFBHPP Committee
Notes
Writing committee
2007 Report**

1. Forces:

Increasing attention

HJR 774, SB 1332, JLARC, Residential, AG position on custody
relinquishment, JC-BH subcommittee and Mental Health Law

Reform, Olmstead

Don 1

2. Unmet needs:

- Global- lack services, decrease in rural, few child psychiatrists and psychologists, over-reliance of residential, lack of mid-level services, co-occurring , fall through the cracks, non-mandated kids fall through the cracks, system CSA/CSB **Brain 1.5-2**

- Specific – populations – justification Sub-committee chairs
8 pages

Prevention
Child and adolescent SU/A
Substance-exposed newborns
Juvenile Justice
MR/EI
DD/Autism
Families
Infrastructure to support

**Pat Cullen
Malcolm/Martha
Kurgans
Jeanette/Joanne
Cole/MAD
Ricks/MAD
Vicki
Ricks**

- Funding recommendations **Brian/Shirley/MAD
2.5 pages**

- Non-funding recommendations **Brian/Shirley/MAD
1.5**

Executive Summary

Shirley/MAD

Appendices

1. 10 year plan/updated **Version 4**
2. CSB matrix
2. Sub-committee reports (8) 3-10

12-15 pages

Bold is new and italicized is what has been given.

Forces & unmet needs and appendices due April 12

Recommendations, Executive Summary, 10 year plan due in May

Commissioner	June 1
Secretary	June 15
Assembly	June 30

Meeting with Ray sometime between April 12 and June 1